

CONFRONTING THE ETHICS OF PANDEMIC INFLUENZA PLANNING: The 2008 Summit of the States

Event Information

Summit Overview:

Registration for the Summit will commence at 7:30 a.m. on July 14th, 2008 at the University Place Conference Center and Hotel, 850 West Michigan Street, on the IUPUI campus in downtown Indianapolis, Indiana. Opening plenary sessions will allow representatives from the ten HHS regions to summarize current ethical issues in pandemic influenza planning and preparedness in their regions, emphasizing recommended best practices and remaining challenges.

Following the plenary presentations, delegates will break into small working groups to permit intensive discussion about the key ethical issues raised during the presentations. Moderated by a trained facilitator, each working group will identify and prioritize the primary issues facing their jurisdictions, with a particular emphasis on proposing ways in which they can effectively collaborate to address those issues.

Using the information generated by the working groups, the delegation leaders will meet privately to determine which proposals should be adopted by the group as a whole. Their preliminary conclusions will be presented on July 15th to the Summit delegates. The delegates, using audience response technology, will then be invited to express their views about the language contained in the proposals and the feasibility of adopting them in each state or territory. Once a consensus has been reached, the final proposals will be incorporated into a Joint Communiqué on Ethical Preparedness, which will be signed by the delegation heads and presented to the nation at a 12:00 p.m. press conference on July 15, 2008.

Summit Registration:

Before your arrival at the Summit, some preparation on your part will be required. Please note that you will be considered the **Delegation Leader** unless you choose to designate that title to someone else in your jurisdiction. It is important that you complete the enclosed **Participant Form** indicating your state or territory, your personal contact information (or that of your designee) as Delegation Leader, and contact information for a **maximum of four** additional delegates of your choosing from your jurisdiction. This form should be completed and returned no later than June 12, 2008. There is **no registration fee** for the Summit.

Travel & Accommodation:

Food and refreshment will be provided for you while at the Summit. It is the responsibility of each delegation, however, to cover travel and accommodation expenses. For your convenience, a block of rooms is being held for the nights of July 13th and 14th until 5:00 p.m. on June 12, 2008.

Overnight reservations may be made by calling University Place at (800) 627-2700, or online at <http://www.universityplace.iupui.edu>. Please reference **Group Code 0807PANDEM** to ensure group rates: single, \$139/night plus tax (15%); or double, \$159/night plus tax (15%).

Pre-Summit Preparation:

A comprehensive Briefing Book, containing information that **should be reviewed** prior to the Summit, will be sent to all participants in late June. Please be aware that additional information may be sent to you prior to the Summit via e-mail.

**CONFRONTING THE ETHICS OF PANDEMIC INFLUENZA PLANNING:
The 2008 Summit of the States / Indianapolis, July 14-15, 2008**

Participant Form

Please complete and return by June 12, 2008

Attn: Debbie Wieckert

Fax: (317) 274-5182 / E-mail: dwieck@iupui.edu

Name of Delegation:

- **State or Territory:**

Delegation Leader:

Name	Academic Degree	Mailing Address	E-mail Address	Contact #
	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> PhD <input type="checkbox"/> Other _____			

Additional Delegates: Please list *up to four* additional individuals from your state/territory that you would like to include in your delegation. The named delegates should have some *expertise relating to pandemic influenza preparedness in your jurisdiction*. Examples include, but are not limited to, involved representatives from your state or territorial health department, legislators, and health care providers or academics with expertise in pandemic influenza and/or ethics.

Delegate Name	Academic Degree	Mailing Address	E-mail Address	Contact #
	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> PhD <input type="checkbox"/> Other _____			
	<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> PhD <input type="checkbox"/> Other _____			
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